PATENT Attorney Docket No.: 137992

AUG 3 D 2005

# UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Igor Katsman et al.

Group No.: 3737

Serial No.:

10/659,144

Group 110.: 3737

Filed:

September 10, 2003

Examiner: Jaworski, Francis J.

For:

METHOD AND APPARATUS

FOR EXPORTING ULTRASOUND DATA

Mail Stop: AMENDMENT Commissioner for Patents

P.O. Box 1450

**Alexandria, VA 22313-1450** 

#### **TRANSMITTAL**

- 1. Transmitted herewith is:
  - Amendment in Response to the Office Action dated June 28, 2005 (12 pgs.)
  - Amendment Transmittal with Certificate of Express Mail (3 pgs., in duplicate)
  - Return post card

#### **STATUS**

| ^          | A 1'      |
|------------|-----------|
| 2.         | Applicant |
| <i>_</i> - | Abblicant |

claims small entity status.

is other than a small entity.

## CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV 593385534 US

**Date: August 30, 2005** 

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Evan R. Sotiriou, Reg. No. 46,247

## **EXTENSION OF TERM**

| apply.          |   | _  | ons of 37 C.F.R. 1.136           |  |  |  |  |  |  |
|-----------------|---|--|----------------------------------|--|--|--|--|--|--|
|                 | (complete (a) o   | or (b), as applicable)                               | •                                |  |  |  |  |  |  |
| (a)             | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below: |  |                                  |  |  |  |  |  |  |
|                 | Extension for response within:  | Other than small entity Fee                          | Small entity Fee (if applicable) |  |  |  |  |  |  |
|                 | first month   | \$ 120.00  | \$ 60.00                         |  |  |  |  |  |  |
|                 | second month  | \$ 450.00  | \$ 225.00                        |  |  |  |  |  |  |
|                 | third month   | \$ 1,020.00  | \$ 510.00                        |  |  |  |  |  |  |
|                 | fourth month  | \$1,590.00   | \$ 795.00                        |  |  |  |  |  |  |
|                 | fifth month   | \$2,160.00   | \$1,080.00                       |  |  |  |  |  |  |
|                 |   | Fee:   | \$                               |  |  |  |  |  |  |
| If an additiona | l extension of time is required, ple  | ease consider this a peti                            | tion therefor.                   |  |  |  |  |  |  |
|                 | (Check and complete the ne  | ext item, if applicable)                             |                                  |  |  |  |  |  |  |
|                 | An extension of monto therefor \$ is deducted of extension now requested.   | •  | -                                |  |  |  |  |  |  |
|                 | Extension fee due with th   | is request \$  |                                  |  |  |  |  |  |  |
|                 |   | OR   |                                  |  |  |  |  |  |  |
| /L\ <b>\</b>    | Applicant believes that no exten  | sion of term is required<br>te to provide for the po | •                                |  |  |  |  |  |  |
| (b) <u>X</u>    | applicant has inadvertently over of time.   | looked the need for a pe                             | etition for extension            |  |  |  |  |  |  |
| (D) <u>X</u>    | applicant has inadvertently over  | looked the need for a po                             | etition for extension            |  |  |  |  |  |  |

# FEE FOR CLAIMS

|             | (Co                          | (Col. 1)  |           | (Col. 2)                    | (Col. 3)   | SMALL ENTITY                             | OTHER THAN SMALL ENTITY ADDITIONAL |                         |  |
|-------------|------------------------------|---|-----------|-----------------------------|------------|--|------------------------------------|-------------------------|--|
|             | CLAIMS<br>REMAINING<br>AFTER |   |           | HIGHEST NO.<br>PREVIOUSLY P |            | ADDITIONAL.                              |                                    |                         |  |
|             | AMEN                         | IDMENT  | MINUS     | PAID FOR                    | EXTRA      | RATE FEE x \$25.00 = \$                  | OR                                 | RATE FEE x \$50.00 = \$ |  |
| TOTAL       |                              |   | MINUS     |                             |            | x \$23.00 = \$                           |                                    | x \$30.00 = \$          |  |
| INDEP.      |                              |   | MINUS     |                             | =          | x \$100.00 = \$                          |                                    | x \$200.00 = \$         |  |
|             | FIRS                         | T PRESENT   | ATION OF  | MULTIPLE DEP. (             | CLAIM      | + \$180.00 = \$                          | <del></del>                        | + \$360.00 = \$         |  |
| <del></del> |                              |   |           |                             |            | TOTAL ADDITIONAL<br>FEE \$               | OR                                 | TOTAL ADDITIONAL FEE \$ |  |
|             | (a)                          | $\boxtimes$   | No add    | itional fee fo              | r Claims   | is required                              |                                    |                         |  |
|             |                              |   |           |                             | OR         |  |                                    |                         |  |
|             | (b)                          |   | Total ac  | dditional fee               | for claim  | s required \$                            |                                    |                         |  |
|             |                              |   |           | FEE !                       | PAYME      | NT                                       |                                    |                         |  |
| 5.          |                              | Attach  | ed is a c | heck in the s               | um of \$_  |  |                                    |                         |  |
|             |                              | Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached. |           |                             |            |  |                                    |                         |  |
|             |                              |   |           | FEE D                       | EFICIE     | NCY                                      |                                    |                         |  |
| 6.          | $\boxtimes$                  | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.       |           |                             |            |  |                                    |                         |  |
|             |                              |   |           | A                           | ND/OR      |  |                                    |                         |  |
|             | $\boxtimes$                  | If any a 2384.  | addition  | al fee for cla              | ims is req | uired, charge Depos                      | it Acc                             | ount No. 01-            |  |
| 7.          |                              | Other:  |           |                             | R          | van R. Sotitiou<br>eg. No. 46,247        | 1                                  |                         |  |
|             |                              |   |           |                             |            | RMSTRONG TEAS                            |                                    |                         |  |
|             |                              |   |           |                             |            | ne Metropolitan Squ<br>. Louis, MO 63102 | aic, S                             | une 2000                |  |
|             |                              |   |           |                             |            | 4-621-5070                               |                                    |                         |  |

08-31-05

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Atty Dkt No. 137992



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### **AMENDMENT**

Mail Stop: AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In response to the Office Action dated June 28, 2005, please amend the above-identified application as follows.

THU